



**VOLATILE ORGANIC COMPOUNDS STORAGE TANK  
ANNUAL EMISSIONS INVENTORY REPORT**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 18682 (12-05) (AP-312)

**GENERAL**

Name of Firm or Organization		Year of Emissions	
Mailing Address	City	State	Zip Code
Facility Location			
Permit to Operate Number	Source Unit Number (if applicable)	Date Tank Was Constructed	

**TYPE OF HYDROCARBONS STORED**

Fuels		
<input type="checkbox"/> Gasoline/Reid Vapor Pressure (psi) _____ True Vapor Pressure (psia) _____	<input type="checkbox"/> Distillate Oil, No. _____	
<input type="checkbox"/> Crude Oil/Reid Vapor Pressure (psi) _____ True Vapor Pressure (psia) _____	<input type="checkbox"/> Residual Oil, No. _____	
<input type="checkbox"/> Jet Naptha (JP-4)	<input type="checkbox"/> Other, Specify: _____	
<input type="checkbox"/> Jet Kerosene		
Petrochemicals: Describe or Identify Hydrocarbon Stored (e.g., Acetone, Benzene, etc.)		

**TANK DATA**

Type of Tank	Type of Roof		
<input type="checkbox"/> Fixed Roof <input type="checkbox"/> External Floating Roof <input type="checkbox"/> Internal Floating Roof	<input type="checkbox"/> Pan <input type="checkbox"/> Double Deck		
<input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> Pressure (low or high) <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Pontoon <input type="checkbox"/> Other, Specify: _____		
Type of Seal			
<input type="checkbox"/> Metallic Shoe Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Shoe Mounted Secondary Seal <input type="checkbox"/> With Rim Mounted Secondary Seal	<input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Secondary Seal		
<input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Secondary Seal			
Tank Construction <input type="checkbox"/> Welded <input type="checkbox"/> Riveted (Indicate Total Deck Seam Length: _____ Feet)			
Tank Capacity Barrels	Diameter Feet	Height Feet	Tank Color

**EMISSIONS AND MISCELLANEOUS**

Vapor Disposal <input type="checkbox"/> Atmosphere <input type="checkbox"/> Vapor Recovery Unit <input type="checkbox"/> Flare	Annual Throughput Barrels	Tank Turnovers Per Year
Emissions using EPA AP-42 Compilation of Air Pollutant Emission Factors or equivalent method (Attach calculations)		
Ton/Year		
Which Standard of Performance for New Stationary Sources applies to this tank? (40 CFR Part 60) <input type="checkbox"/> Subpart K <input type="checkbox"/> Subpart Ka <input type="checkbox"/> Subpart Kb		
Are the requirements of the New Source Performance Standard specified in Item 12 (above) being met? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	
Signature	Telephone Number	Date

Return completed form to: NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1957  
Telephone: (701)328-5188

Basis for quantities listed above, provide calculations (use additional sheets as necessary):